

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-035584

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 96

Primary Registration District No. 4158

Registrar's No. 7

FILED OCT 14 1963

## 1. PLACE OF DEATH

a. COUNTY Dallas

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Buffalo

Length of stay in 1b  
10 yrs.

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION E. Franklin St.

Inside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Dallas

c. CITY OR TOWN Buffalo

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
E. Franklin St.

Reside on Farm  
Yes ☐ No ☒

## 3. NAME OF DECEASED

First Middle Last  
Emiley E. Potter

4. DATE OF DEATH Oct. 4, 1963

5. SEX Female

6. COLOR OR RACE White

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

8. DATE OF BIRTH Mar. 10, 1873

9. AGE (last birthday) 90

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Housewife

10b. KIND OF BUSINESS OR INDUSTRY  
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11. BIRTHPLACE (City and state or country)  
California, Missouri

12. CITIZEN OF WHAT COUNTRY  
USA

## 13a. FATHER'S NAME

Christopher Nelson

## 13b. MOTHER'S MAIDEN NAME

Lucy Frances Nelson

## 14. NAME OF HUSBAND OR WIFE

B.B. Potter

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of serv  
NO

## 17. INFORMANT

Arvilla Keener Buffalo, Missouri

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

### PART I. DEATH WAS CAUSED BY:

#### IMMEDIATE CAUSE (a)

Branchio-Pneumonia  
Chr. Bronchitis

INTERVAL BETWEEN  
ONSET AND DEATH  
10 days

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

#### DUE TO (b)

#### DUE TO (c)

### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

### PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1960 to 10-4-63 and last saw her alive on 10-2-63  
Death occurred at 2:00 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

C.D. Jammar M.D.

22b. ADDRESS

Buffalo, Mo.

22c. DATE SIGNED

10-10-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Oct. 6, 1963

23c. NAME OF CEMETERY OR CREMATORY

Love Post Cemetery

23d. LOCATION (City, town, or county) (State)

Dallas County, Missouri

24. FUNERAL DIRECTOR

Montgomery Funeral Home/Buffalo, Missouri

ADDRESS

25. DATE RECD. BY LOCAL REG.

10/14/63

26. REGISTRAR'S SIGNATURE

Harold W. M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300  
Rev. 4/59

1 0300  
2 0300  
3  
4 1  
5 2  
6  
7 0  
8 2  
9 5021  
10  
11  
12 1900  
13 20

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

*Vernon H. Viets*  
Vernon H. Viets

Licensed Embalmer No. 5083

P. O. Address Buffalo, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.